

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000003376

1. Entity Name
RIVERVIEW NI INDUSTRIAL LLC



**FILED
Aug 15, 2005 8:00 am
Secretary of State**

08-15-2005 90035 006 ****50.00

| | | | |
|---|----------------|--|----------------|
| Principal Place of Business C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 | | Mailing Address C/O CAMMEBY'S INTERNATIONAL LTD. 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 | |
| 2. Principal Place of Business C/O CAM NIP MANAGEMENT LLC Suite, Apt. #, etc. 575 UNDERHILL BLVD - SUITE 125 | | 3. Mailing Address C/O CAM NIP MANAGEMENT LLC Suite, Apt. #, etc. 575 UNDERHILL BLVD - SUITE 125 | |
| City & State SYOSSET, NY | | City & State SYOSSET, NY | |
| Zip 11791 | Country USA | Zip 11791 | Country USA |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ | | (Signature, typed or printed name of registered agent and title if applicable.) | |
| (NOTE: Registered Agent signature required when reinstating) | | DATE _____ | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | |

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | | | |
|--|---|---------------------------------|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHRON, RUBIN 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FEDERMAN, BRUCE 382 THIRD AVENUE - 12TH FLOOR BROOKLYN, NY 11232 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHRON, ELI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHRON, AVI 45 BROADWAY, 25TH FLOOR NEW YORK, NY 10006 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Abraham M. Levine* **ABRAHAM M. LEVINE** **8/8/05** **(516)364-5000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #